

Ego Strength, Object Relations, and Self-Fragmentation as Predictors of Idiopathic and Posttraumatic Nightmares and Nightmare Distress

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ABSTRACT – Personality structure variables that may underlie vulnerability to nightmares remain understudied. This study investigated relationships to nightmares of three constructs from contemporary psychoanalytic theory. A university student sample ($N = 214$) completed measures of idiopathic nightmares, posttraumatic nightmares, nightmare distress, ego strength, object relations, self-fragmentation, and psychological distress. Regressions revealed differential predictors. Less ego strength uniquely predicted higher frequency of idiopathic nightmares, psychological distress predicted posttraumatic nightmares, and poorer object relations together with higher self-fragmentation predicted greater nightmare distress. The results suggest nightmares may reflect specific structural features of personality organization in addition to psychological distress. Findings highlight the value of integrating psychodynamic constructs into models of nightmare etiology and conceptualizing nightmares as indicators of self-regulatory and relational vulnerabilities.

Keywords:

Nightmares;
Nightmare distress;
Ego strength; Self-fragmentation;
Object relations;
Affect regulation;
Psychoanalytic personality theory

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Introduction

Nightmares are intense, emotionally charged dreams characterized by vivid, story-like imagery that often awaken the sleeper and produce lingering distress (American Psychiatric Association [APA], 2022; Levin & Nielsen, 2007). They are a relatively common experience: in a

large community sample of 69,813 adults, 40% reported nightmares “sometimes” and 4% “often” (Sandman et al., 2013). Other large-scale studies similarly estimate that 2–6% of adults experience nightmares weekly and up to 29% monthly (Levin & Nielsen, 2007; Schredl, 2010). Nightmares frequently begin in childhood and often persist into adulthood (Nielsen & Zadra, 2011), suggesting continuity in vulnerability across development. Although occasional nightmares are typical, recurrent and distressing nightmares can significantly disrupt sleep quality, daytime functioning, and psychological well-being, but their presence alone does not imply a diagnosis of nightmare disorder which requires associated distress or functional impairment (APA, 2022).

Nightmares have been linked to a broad range of psychological difficulties, supporting their conceptualization as a transdiagnostic phenomenon (Sheaves et al., 2023). Elevated nightmare frequency and distress have been observed among individuals with depression (Besiroglu et al., 2005), generalized anxiety (Coolidge et al., 2010; Kelly, 2016), posttraumatic stress disorder (de Dassel et al., 2018), dissociative tendencies (Cheung, 2012), and suicidality (Cukrowicz et al., 2006). Such associations suggest that nightmare activity reflects core emotional and self-regulatory vulnerabilities common to multiple forms of psychopathology.

Nightmares may be broadly classified as idiopathic or posttraumatic (Hartmann, 1998; Hasler & Germain, 2009). Idiopathic nightmares are typically unrelated to specific traumatic events and often revolve around common interpersonal themes such as embarrassment, rejection, or loss (Kelly & Kim, 2024). Posttraumatic nightmares, in contrast, directly reflect or symbolically represent traumatic experiences and are frequently accompanied by heightened physiological arousal and prolonged emotional disturbance (Germain & Nielsen, 2003). While both forms can evoke intense fear or helplessness, posttraumatic nightmares are often more distressing and recurrent. Importantly, emotional and physiological reactivity after awakening, termed nightmare distress, may persist for hours or days and contribute to impaired sleep and elevated daytime anxiety (Gieselmann et al., 2019; Nielsen & Zadra, 2011).

Affective distress and emotion dysregulation are widely recognized as central to nightmare etiology (Gieselmann et al., 2019). However, this explanatory model remains largely descriptive rather than theoretical. Distress itself is not a mechanism but a manifestation of underlying psychological processes. To understand why some individuals develop chronic, emotionally intense nightmares while others do not, it is useful to examine underlying personality structures and self-regulatory capacities that shape how affect is processed and integrated.

One promising framework is contemporary psychoanalytic theory, which emphasizes structural features of personality such as ego resilience, relational integration, and self-cohesion (Summers & Barber, 2010). Historically, dream and nightmare phenomena have occupied a central place in psychoanalytic thought (Freud, 1900; Hartmann, 1984, 1998), and modern approaches have evolved beyond traditional Freudian interpretation toward empirically informed models of affect regulation and self-organization (Bornstein, 2006; Bornstein & Becker-Maturo, 2011). Within this tradition, three constructs—ego strength, quality of object relations, and self-fragmentation—represent distinct but complementary mechanisms that may contribute to the development and maintenance of nightmares.

Ego strength reflects an individual’s capacity to tolerate frustration, manage impulses, and maintain an adaptive balance between cognition and emotion (Block & Kremen, 1996; Freud,

1920). Object relations refer to the ability to perceive self and others in an integrated, stable, and emotionally attuned manner (Cashdan, 1988, 1998). Self-fragmentation denotes a breakdown in the cohesive sense of self, often under stress, resulting in confusion or disorganization of identity (Kohut, 1977; Fuchs, 2007). Previous research suggests that lower ego strength predicts greater nightmare frequency (Kelly, 2020), whereas disrupted self-cohesion and maladaptive relational schemas have been associated with emotional dysregulation and distress (Dadomo et al., 2016; Kohut, 1977). Recent work further indicates that self-fragmentation is directly related to nightmare frequency and distress (Kelly, 2025), underscoring the importance of self-cohesion in dream-related affective processes.

The present study sought to investigate nightmare phenomena within this integrative theoretical context, examining whether personality-based constructs, that is, ego strength, object relations, and self-fragmentation, predict three nightmare dimensions: idiopathic nightmares, posttraumatic nightmares, and nightmare-related distress. By testing distinct yet interrelated predictors within a single analytic framework, this research aims to clarify whether different forms of nightmares reflect unique psychological mechanisms, advancing a more comprehensive, theory-informed understanding of nightmare etiology.

Based on prior theory and empirical findings, we hypothesized that (1) lower ego strength would predict greater frequency of idiopathic nightmares, (2) higher affective distress would predict greater frequency of posttraumatic nightmares, and (3) poorer object relations and higher self-fragmentation would predict greater nightmare distress. We further expected that these effects would remain significant even when controlling overlapping nightmare dimensions and gender, which has previously been related to nightmares (Schredl & Reinhard, 2011).

Method

Participants

Participants were 214 undergraduate and graduate students (126 women, 67 men, 21 not identifying gender) enrolled in psychology courses at a small university in the southwestern United States. The mean age was 19.79 years ($SD = 2.93$). Reported ethnicities were 60.7% Hispanic, 17.8% White/non-Hispanic, 7.5% African American, 2.3% “other,” and 11.7% unreported.

Measures

Idiopathic Nightmares. The 5-item Nightmare Scale of the Sleep-50 (S50-N; Spoormaker et al., 2005) assesses the frequency and severity of frightening dreams over the past four weeks. Items (e.g., “I have frightening dreams”) are rated on a 4-point scale from 1 (*Not at all*) to 4 (*Very much*). The S50-N has demonstrated good internal consistency ($\alpha = .84-.87$), factorial validity, and differentiated individuals diagnosed with nightmare disorder from controls (Spoormaker et al., 2005).

Posttraumatic Nightmares. The Posttraumatic Nightmare Index (PTNI; Kelly & Yu, 2019) is a 3-item measure assessing the degree to which nightmares reflect replayed or symbolically represented traumatic experiences. Items (e.g., “Bad things that I have experienced often replay

in my nightmares”) are rated from 1 (*Strongly disagree*) to 5 (*Strongly agree*). Prior studies indicate adequate internal consistency ($\alpha = .76-.84$) and convergent validity with measures of posttraumatic stress, psychological distress, and nightmare distress (Kelly, 2023; Kelly & Yu, 2019).

Nightmare Distress. The 13-item Nightmare Distress Questionnaire (NDQ; Belicki, 1992) assesses the degree of waking distress, interference, and emotional impact associated with nightmares. Items (e.g., “Do you have difficulties coping with nightmares?”) are rated on a 5-point scale from 1 (*Not at all*) to 5 (*Very much*). Prior research indicates good internal consistency ($\alpha = .80-.90$) and associations with nightmare frequency and anxiety (Blagrove et al., 2004; Belicki, 1992).

Ego Strength. Ego strength was assessed using the 18-item Ego Strength Scale (Es18; Kelly & Daughtry, 2018), a brief form of Barron’s (1953) Ego Strength Scale. Participants endorse *True/False* items (e.g., “I feel unable to tell anyone all about myself”). The Es18 demonstrates adequate internal consistency ($\alpha = .78-.82$) and convergent validity with measures of ego boundaries, self-esteem, and less psychological distress (Daughtry et al., 2020; Kelly & Daughtry, 2018).

Self-Fragmentation. The Self-Fragmentation Scale (SFS; Kelly, 2025) is a 4-item self-report measure of disorganization and loss of self-cohesion (e.g., “At times I have felt as if I were coming undone”). Responses range from 1 (*Strongly disagree*) to 5 (*Strongly agree*). Previous work supports its unidimensional factor structure and internal consistency ($\alpha = .89$), as well as expected positive associations with psychological distress (Kelly, 2025).

Object Relations. Interpersonal integration and relational perception were measured using the Bell Object Relations Inventory (BORI; Bell et al., 1986). The inventory consists of 45 *True/False* items (e.g., “I have at least one stable and satisfying relationship”). Higher scores reflect more positive and integrated object relations. The BORI has consistently demonstrated adequate to good internal consistency ($\alpha = .78-.90$) and construct validity through correlations with attachment security and interpersonal functioning (Bell et al., 1986; Hilsenroth et al., 1995).

Psychological Distress. Psychological distress was measured with the 6-item Kessler Psychological Distress Scale (K6; Kessler et al., 2002). Participants rate items (e.g., “During the past 30 days, how often did you feel hopeless?”) on a 5-point scale from 0 (*None of the time*) to 4 (*All of the time*). The K6 has good internal consistency ($\alpha = .89-.92$) and demonstrated convergent and discriminant validity for detecting mood and anxiety disorders in both community and clinical samples (Kessler et al., 2003).

Procedure

Students participated voluntarily and received extra-credit consideration determined by course instructors. No exclusionary criteria were applied. The study was approved by the Institutional Review Board of Texas A&M University, Kingsville. Written informed consent was obtained from all participants prior to data collection. Participants completed a paper-and-pencil questionnaire packet containing the measures described above. The survey was administered immediately before class sessions and required approximately 20 minutes to complete.

Participation was anonymous; respondents placed finished questionnaires in sealed envelopes collected by the researcher.

Statistical Analysis

All analyses were performed using SPSS 29.0 for Windows. Preliminary analyses examined descriptive statistics, internal consistency reliability, and gender differences using independent-samples *t* tests with Cohen's *d* for effects sizes. Pearson correlations assessed interrelationships among variables. To evaluate unique predictors of nightmare phenomena, three separate multiple regressions were conducted with (a) S50-N, (b) PTNI, and (c) NDQ scores as criterion variables. Predictor variables included Es18 (ego strength), BORI (object relations), SFS (self-fragmentation), K6 (affective distress), and gender (dummy coded 1 = male, 2 = female). Individuals with missing gender data were not included in regressions. Following previous methodology (Davey et al., 1992), the remaining two nightmare measures were entered as covariates in each model to isolate variance specific to the criterion. Significance was determined by $\alpha = .05$ (two-tailed).

Results

Preliminary Analyses

All variables were screened for normality, outliers, and multicollinearity prior to analysis. Skewness and kurtosis values were within acceptable limits (± 1), and variance inflation factors were below 2.0, indicating no issues with multicollinearity. Internal consistency reliabilities ranged from $\alpha = .84$ to .91, demonstrating good to excellent reliability for all measures.

Descriptive statistics and gender comparisons are presented in Table 1. Female participants reported significantly higher nightmare distress ($t(191) = 2.61, p = .010, d = .40$), higher affective distress ($t(191) = 3.08, p = .002, d = .48$), and poorer object relations ($t(191) = 2.51, p = .013, d = .38$) compared with males. No other gender differences were significant.

Table 1: Descriptive statistics and gender differences

Variable	All (<i>N</i> =214)			Female (<i>n</i> =126)		Male (<i>n</i> =67)		<i>t</i>	<i>p</i>	<i>d</i>
	α	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
S50-N	.84	10.43	3.96	10.58	4.05	9.67	3.77	1.49	.139	.23
PTNI	.88	6.55	3.84	6.68	3.92	6.06	3.60	1.08	.281	.16
NDQ	.91	26.75	11.09	27.97	11.67	23.58	10.00	2.61	.010	.40
Es18	.85	10.77	4.54	10.67	4.62	11.36	4.48	1.00	.324	.15
BORI	.85	30.57	7.00	29.67	7.16	32.31	6.64	2.51	.013	.38
SFS	.91	11.75	6.05	12.08	6.20	10.58	5.58	1.65	.101	.25
K6	.91	9.11	6.83	9.99	7.15	6.90	5.55	3.08	.002	.48

Note: S50-N = Sleep-50 Nightmare Scale; PTNI = Posttraumatic Nightmare Index; NDQ = Nightmare Distress Questionnaire; Es18 = Ego Strength Scale-18; BORI = Bell Object Relations Inventory; SFS = Self-Fragmentation Scale; K6 = Kessler-6 Distress Scale.

Correlational Analyses

Correlations among variables are presented in Table 2. As expected, all nightmare measures were positively and significantly correlated with one another (r 's = .47–.63, p 's < .001). Ego strength was negatively correlated with all nightmare indices (r 's = -.40 to -.44), whereas self-fragmentation and affective distress were positively correlated with nightmare frequency and distress (r 's = .41–.56, p 's < .001). The strongest association was between self-fragmentation and affective distress (r = .75, p < .001), indicating substantial shared variance between those constructs.

Table 2: Correlations between measures

Scale	S50-N	PTNI	NDQ	Es18	BORI	SFS
PTNI	.47					
NDQ	.63	.53				
Es18	-.40	-.40	-.44			
BORI	-.27	-.32	-.44	.69		
SFS	.42	.44	.56	-.71	-.63	
K6	.41	.47	.50	-.69	-.62	.75

Note: $N=214$. All correlations $p<.001$. S50-N = Sleep-50 Nightmare Scale; PTNI = Posttraumatic Nightmare Index; NDQ = Nightmare Distress Questionnaire; Es18 = Ego Strength Scale-18; BORI = Bell Object Relations Inventory; SFS = Self-Fragmentation Scale; K6 = Kessler-6 Distress Scale.

Regression Analyses

Three hierarchical multiple regression analyses were conducted to examine unique predictors of each nightmare dimension—idiopathic (S50-N), posttraumatic (PTNI), and distress (NDQ)—while controlling for shared variance among nightmare types (Table 3). Predictors included ego strength (Es18), object relations (BORI), self-fragmentation (SFS), affective distress (K6), and gender. In each model, the remaining two nightmare variables were entered as covariates. Variable Inflation Factors revealed no significant multicollinearity.

Idiopathic Nightmares. As presented in Table 3, the full model predicting S50-N scores was significant accounting for 41% of the variance. Among predictors, only ego strength emerged as a significant negative predictor (β = -.19, t = 2.01, p = .046) outside of nightmare distress, indicating that individuals with lower ego strength reported more frequent nightmares. Neither object relations, self-fragmentation, affective distress, nor gender significantly predicted idiopathic nightmare occurrence when controlling for other variables.

Posttraumatic Nightmares. The model predicting PTNI scores was also significant accounting for 36% of the variance. Affective distress (K6) was the only significant predictor (β = .24, t = 2.52, p = .013) outside of nightmare distress, suggesting that greater psychological distress

uniquely predicted higher levels of posttraumatic nightmare content. Ego strength, self-fragmentation, and object relations were not uniquely significant in this model.

Nightmare Distress. The final model predicting NDQ scores accounted for the largest proportion of variance, 54%. Outside of nightmares, two theoretically relevant predictors were significant: poorer object relations ($\beta = -.15, t = 2.03, p = .044$) and greater self-fragmentation ($\beta = .26, t = 3.08, p = .002$). These findings indicate that interpersonal disconnection and reduced self-cohesion were associated with heightened waking distress related to nightmares, even after accounting for overall nightmare frequency, posttraumatic content, and affective distress.

Table 3: Regression models predicting nightmare variables

	S50-N			PTNI			NDQ		
Variables	β	t	p	β	t	p	β	t	p
Es18	-.19	2.01	.046	-.13	1.33	.184	.12	1.37	.172
BORI	.15	1.80	.074	.08	0.87	.387	-.15	2.03	.044
SFS	-.01	0.05	.958	-.05	0.49	.628	.26	3.08	.002
K6	.04	0.43	.670	.24	2.52	.013	-.01	0.15	.881
S50-N				.14	1.91	.058	.40	6.88	<.001
PTNI	.14	1.91	.058				.26	4.29	<.001
NDQ	.51	6.88	<.001	.36	4.29	<.001			
Gender	.01	0.02	.982	-.02	0.26	.798	.07	1.27	.206
R^2 (adj.) = .41,			R^2 (adj.) = .36,			R^2 (adj.) = .54,			
$F = 19.62, p < .001$			$F = 16.25, p < .001$			$F = 32.09, p < .001$			

Note: S50-N = Sleep-50 Nightmare Scale; PTNI = Posttraumatic Nightmare Index; NDQ = Nightmare Distress Questionnaire; Es18 = Ego Strength Scale-18; BORI = Bell Object Relations Inventory; SFS = Self-Fragmentation Scale; K6 = Kessler-6 Distress Scale. Gender Dummy Coded (1 = Male, 2 = Female).

Summary of Findings

Across analyses, results revealed distinct personality correlates of nightmare phenomena. Lower ego strength predicted higher frequency of idiopathic nightmares; greater affective distress predicted posttraumatic nightmares; and poorer object relations and higher self-fragmentation predicted greater nightmare-related distress. Together, these models accounted for 36–54% of variance across outcomes, underscoring the multidimensional nature of nightmare experiences and supporting the conceptual distinction among frequency, trauma-related content, and waking distress.

Discussion

The present study examined whether theoretically derived personality constructs—ego strength, object relations, and self-fragmentation—predict distinct aspects of nightmare experience. Results provided some support for this theoretical model. Lower ego strength was uniquely associated with more frequent (idiopathic) nightmares, greater psychological distress

predicted posttraumatic nightmares, and both poorer object relations and higher self-fragmentation predicted greater nightmare-related distress. Together, these findings suggest that different dimensions of personality structure may shape the form, content, and emotional impact of nightmares.

Ego Strength and Idiopathic Nightmares

Consistent with psychoanalytic and ego-psychological perspectives (Barron, 1953; Hartmann, 1998), lower ego strength predicted greater occurrence of idiopathic nightmares. Ego strength represents the capacity to tolerate anxiety, regulate affect, and integrate conflicting impulses (Block & Kremen, 1996; Cabaniss et al., 2016). Individuals with stronger ego functioning may possess greater resilience in managing day-to-day emotional stressors and dream-derived affect, thereby reducing the frequency or persistence of frightening dream material. This finding replicates earlier work demonstrating that ego strength uniquely predicts nightmare frequency above psychological distress and neuroticism (Kelly, 2020; Kelly & Mathe, 2024). Collectively, these results support the view that idiopathic nightmares arise partly from diminished ego capacity to modulate emotional experience during sleep and dreaming.

Affective Distress and Posttraumatic Nightmares

As expected, posttraumatic nightmares were most strongly predicted by psychological distress, aligning with previous findings linking emotional dysregulation and trauma-related dream content (Germain & Nielsen, 2003; Gieselmann et al., 2019). This pattern suggests that the intensity of posttraumatic nightmares may reflect a broader emotional arousal process rather than a specific deficit in personality structure. Individuals high in distress may experience more intrusive imagery and physiological hyperarousal, which can reactivate traumatic material during REM sleep. These findings complement cognitive–emotional models of nightmare formation (Levin & Nielsen, 2007) while extending them through a personality-based lens, showing that trait-level distress exerts domain-specific effects on trauma-related dream content.

Object Relations, Self-Fragmentation, and Nightmare Distress

Nightmare-related distress, the waking suffering following nightmares, was predicted by poorer object relations and higher self-fragmentation, suggesting that distress arises not only from dream content but also from the individual's capacity for emotional integration and relational stability. According to Object Relations Theory (Cashdan, 1998), the ability to maintain integrated representations of self and others enables individuals to regulate affect and recover from threat. Those with more fragmented or conflicted relational schemas may struggle to re-establish emotional equilibrium after distressing dreams.

Similarly, Self Psychology posits that self-cohesion depends on empathic mirroring and stable self-object relationships (Kohut, 1977). When this cohesion is weakened, stressors—including emotionally charged dreams—can lead to experiences of disorganization and fragmentation (Fuchs, 2007). The present finding that self-fragmentation predicted nightmare distress replicates and extends recent evidence linking fragmentation to nightmare vulnerability (Kelly, 2025). It highlights the role of the cohesive self in containing and integrating intense dream affect—a process that may fail in individuals with fragile self-structures.

Together, these findings suggest that ego-level capacities (e.g., modulation of emotion) primarily influence the occurrence of nightmares, whereas self-structural and relational capacities govern the post-dream emotional aftermath. Nightmare distress, therefore, may represent a waking marker of deeper disturbances in personality organization.

Gender Differences

Consistent with prior research (Kessler et al., 2003; Schredl & Reinhard, 2011), women reported greater nightmare and affective distress and poorer object relations than men. These gender effects may reflect broader differences in emotional expressivity and relational orientation rather than distinct etiological mechanisms. Nonetheless, controlling for gender in all analyses ensured that the observed effects of personality variables were not confounded by sex-linked variations.

Theoretical and Clinical Implications

The current findings bridge empirical nightmare research and contemporary psychoanalytic theory (Bornstein, 2006; Bornstein & Becker-Maturo, 2011; Cabaniss et al., 2016). Conceptually, they suggest that nightmares can be understood as a window into personality structure: ego-level resilience, relational integration, and self-cohesion each play distinct roles in how dream affect is experienced and resolved. This is not unlike Hartmann's (1984) findings that nightmares were related to "thin" ego boundaries. Clinically, this framework implies that interventions for chronic nightmares may benefit from addressing underlying structural vulnerabilities rather than only focusing on symptom management. Treatments that strengthen ego functioning (e.g., through insight-oriented therapy, stress tolerance training), enhance relational stability, or promote self-cohesion may reduce both nightmare frequency and distress. Such approaches complement cognitive-behavioral treatments like imagery rehearsal (Krakow & Zadra, 2006) by integrating personality-based mechanisms into conceptualization and treatment planning.

Limitations and Future Directions

The study's limitations include its reliance on a relatively homogeneous sample of young, mostly Latinx college students, limiting generalizability. Further, the cross-sectional design does not allow causal inference. Moreover, all measures were self-report potentially introducing social desirability or recollection bias. It should also be noted that experiences of a traumatic nature were not accounted for, which could have influenced the results (Levin & Nielsen, 2007). Future studies should replicate these findings using longitudinal and multi-method designs, including clinical interviews or physiological sleep assessment. Research across broader age ranges and cultural backgrounds could determine whether the same personality correlates generalize beyond student samples. Further work might also examine whether strengthening ego functioning or self-cohesion mediates reductions in nightmare distress over time.

Conclusion

From the current research, nightmares appear not only to be expressions of affective arousal (Levin & Nielsen, 2007) but also reflections of deeper personality organization. This study provides empirical support for an integrative model linking ego strength, object relations, and

self-fragmentation to distinct nightmare dimensions. By situating nightmares within psychoanalytic theory and contemporary individual differences research, these findings offer a more comprehensive understanding of how individuals process, symbolize, and recover from emotional experience during sleep.

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